

HOSPICE POOL PASS REGISTRATION - 2014

INDIVIDUAL PASS \$50.00

SENIOR PASS: \$30.00

FAMILY PASS \$100.00 (family of six, same household)

Your pass is valid from May 24th through September 1st

FAMILY LAST NAME: _____

ADDRESS: _____

PRIMARY PASS HOLDERS NAME: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

Please List Family Members Who Will Be Using The Pool:

* _____

* _____

* _____

* _____

* _____

* _____

Type of Pass	Cost	Total
Individual	\$50.00	\$
Senior	\$30.00	\$
Family	\$100.00	\$
	Grand Total	\$

Type of Payment:

☐ Cash ☐ Check # _____ ☐ MasterCard ☐ Visa

(Checks payable to: Treasurer, Town of Branford)

VISA/MC: _____

Expiration Date: ____/____/____

SIGNATURE: _____ DATE: _____

Office Use only:

Staff Initials: _____ Pass #: _____ Expires: 09/01/2014

Rules Received: Yes or No Date passes issued: ____/____/____